

St. Bartholomew's Hospital



"Æquamemento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XL.—No. 2.]

NOVEMBER 1ST, 1932.

PRICE NINEPENCE.

CALENDAR.

Tues., Nov.	1.	—Dr. A. E. Gow and Mr. Girling Ball on duty.
Wed., "	2.	—Surgery: Clinical Lecture by Mr. L. Bathe Rawling. Hockey Match v. Cambridge Wanderers. Away.
Thurs., "	3.	— Abernethian Society: Inaugural Address by the Rt. Hon. Lord Moynihan on "Ancient Medicine and Surgery."
Fri., "	4.	—Medicine: Clinical Lecture by Sir P. Hartley. Prof. Fraser and Prof. Gask on duty.
Sat., "	5.	—Rugby Match v. Redruth. Home. Association Match v. Old Mercers. Home. Hockey Match v. Trinity I. Away.
Mon., "	7.	—Special Subject: Clinical Lecture by Mr. Sydney Scott.
Tues., "	8.	—Sir P. Hartley and Mr. L. Bathe Rawling on duty.
Wed., "	9.	—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Fri., "	11.	—Armistice Day. Medicine: Clinical Lecture by Dr. C. M. Hinds Howell. Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Sat., "	12.	—Rugby Match v. Old Alleynians. Home. Association Match v. Downing College, Cantab. Away. Hockey Match v. Tulse Hill II. Home.
Mon., "	14.	—Special Subjects: Clinical Lecture by Mr. S. L. Higgs.
Tues., "	15.	—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed., "	16.	—Surgery: Clinical Lecture by Mr. Girling Ball. Hockey Match v. R.M.A., Woolwich. Away.
Fri., "	18.	—Medicine: Clinical Lecture by Dr. A. E. Gow. Dr. A. E. Gow and Mr. Girling Ball on duty.
Sat., "	19.	— Last day for receiving matter for the December issue of the Journal. Rugby Match v. Llanelly. Away. Association Match v. Lancing Old Boys. Home. Hockey Match v. Broxbourne I. Away.
Mon., "	21.	—Special Subjects: Clinical Lecture by Mr. Sydney Scott.
Tues., "	22.	—Prof. Fraser and Prof. Gask on duty.
Wed., "	23.	—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
Fri., "	25.	—Medicine: Clinical Lecture by Dr. A. E. Gow. Sir P. Hartley and Mr. L. Bathe Rawling on duty.
Sat., "	26.	—Rugby Match v. Devonport Services. Away. Association Match v. Emmanuel College, Cantab. Away. Hockey Match v. Emmanuel College, Cantab. Away.

Mon., Nov.	28.	—Special Subjects: Clinical Lecture by Dr. Cumberbatch. Rugby Match v. R.N.E.C. (Keyham). Away.
Tues., "	29.	—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., "	30.	—Surgery: Clinical Lecture by Sir C. Gordon-Watson.

EDITORIAL.



THE publication of the volume dealing with the results achieved by the Rose Research on Lymphadenoma was the event of last month. This work was endowed in 1920 by Mrs. T. E. Rose, in memory of her daughter, who lost her life from this disease, and has been going on for twelve years at St. Bartholomew's Hospital. In recent years the research has been carried on by a team of workers under the direction of Dr. Mervyn Gordon. The results are now published in a handsome volume containing the following sections:

1. "A Clinical Concept of Lymphadenoma," by Sir Thomas Horder.
2. "Studies of the Ætiology," by Dr. Mervyn Gordon.
3. "Serological Study of Yeasts," by Dr. Kenneth Stone.
4. "Characters of Yeasts and Further Observations," by Dr. L. P. Garrod.
5. "Hæmatological Observations on Rabbits and Guinea-pigs," by Dr. E. R. Cullinan.
6. "Histology and Histogenesis," by Dr. B. D. Pullinger.

The research has been systematic. Pathogenic agents were sought for one at a time, first spirochætes, then tubercle bacilli, then fungi. Up to this point all the results were negative. It was not until the search for an agent of the virus category was undertaken that

promising results were obtained. It has been discovered that lymphadenoma glands, although they give negative results when examined by ordinary bacteriological methods, contain nevertheless a pathogenic agent capable of producing characteristic disease in rabbits. This pathogenic agent is limited to lymphadenoma glands and appears to be specific to that disease; control glands from cases of carcinoma, sarcoma, leukæmia, chronic adenitis and granuloma have all proved to be inert. This rabbit reaction furnishes a biological test for the presence of the virus, and this test has already proved itself to be of use in diagnosis.

It is therefore probable that we are on the eve of a therapeutic advance of the greatest importance, and it is to be hoped that the conquest of this terrible disease will soon be achieved. The authors responsible for this brilliant and complete research deserve the congratulations and thanks of all medical men.

* * *

Sir Percival Horton-Smith Hartley, after a distinguished career on the active staff of the Hospital, retires at the end of the present year. Sir Percival will long be remembered for his splendid clinical lectures, which were a joy to listen to. As a speaker and a lecturer, Sir Percival is excelled by none within these walls, and no one takes more trouble with his lectures. A dinner is being given to Sir Percival by his old House Physicians on December 2nd at the Langham Hotel. If any of his former Housemen have not already received the necessary details, they should communicate with Dr. A. Clark or Mr. D. Goodhart at the Hospital.

* * *

We congratulate Prof. Edgar Douglas Adrian, a distinguished old Bart.'s man, now Fellow of Trinity College, Cambridge, and Foulerton Professor of the Royal Society, on being elected to share with Sir Charles Sherrington the Nobel Prize for 1932 in Medicine. Their work has been in connection with the function of the neurone.

* * *

We remind readers that the Annual Ball will be held at Grosvenor House on November 17th. Details are given in our last issue.

* * *

The Mid-Sessional Address will be delivered to the Abernethian Society on Thursday, January 19th, 1933, by Sir John Weir on "Homœopathy: An Explanation of its Principles."

* * *

The fifth Autumn Meeting of the St. Bartholomew's Hospital Golfing Society was held at Sandy Lodge on Wednesday, October 5th, 1932. Thirty-one players

enjoyed an excellent afternoon's golf under ideal conditions. Unfortunately only one round was possible, as the meeting was held after the expiration of summer time.

The Milsom Rees Cup was awarded to Mr. Bedford Russell, as Sir Milsom Rees very generously withdrew from the competition.

* * *

We congratulate J. T. C. Taylor on his election as Captain of the Eastern Counties R.F.C., an honour which he fully deserves. It is a great pleasure to see Jimmie back again at Bart.'s after his three months of absence.

* * *

THE ANNUAL DINNER OF THE CAMBRIDGE GRADUATES' CLUB will be held on Wednesday, November 23rd, at 7.15 (for 7.30 p.m.) at the Mayfair Hotel.

Mr. Foster Moore (Christ's) will be in the Chair, while Dr. Langdon Brown, Regius Professor of Physic at Cambridge, will be the guest of honour.

The price of the dinner will be 12/-, exclusive of wine; members are asked to inform either Mr. R. M. Vick or Mr. H. N. Burroughes if they intend to be present or if they are bringing any guests. No tickets are required.

* * *

PRIZE WINNERS, 1931-32.

<i>Kirkes Scholarship and Gold Medal</i>	Ghey, P. H. R.
<i>Senior Scholarship (Anatomy, Physiology and Chemistry)</i>	Nash, D. F. E.
<i>Junior Scholarships (Anatomy and Physiology)</i>	1. Leask, L. R. 2. Braithwaite, R.
<i>Harvey Prize</i>	Nash, D. F. E.
<i>Foster Prize</i>	Wilson, J. W.
	Certificates
	Barnard, E. J. W.
	Nash, D. F. E.
<i>Treasurer's Prize</i>	Leask, L. R.
	Certificates
	Oliver, W. A.
	Mundy, R.
<i>Bentley Prize</i>	Benison, R. L.
<i>Wix Prize</i>	Moynagh, D.
<i>Matthews Duncan Gold Medal and Prize</i>	Medal not awarded.
	Ghey, P. H. R.
	Woodham, C. W. B. } Equal.
	Norsworthy, L. R.
<i>Prox. Access.</i>	
<i>Brackenbury Scholarship in Medicine</i>	Francis, A. E.
<i>Burrows Prize</i>	Francis, A. E.
<i>Skynner Prize</i>	Knox, R.
<i>Prox. Access.</i>	
<i>Brackenbury Scholarship in Surgery</i>	Roberts, L. O.
<i>Walsham Prize</i>	Beal, J. H. B.
<i>Willett Medal</i>	Williams, H. M.
<i>Shuter Scholarship</i>	Hosford, M. D. C.
<i>Junior Scholarships (Chemistry, Physics and Biology)</i>	Blackburn, G.
	Brooker, A. E. W.
	Stevenson, R. Y. } Equal.
<i>Entrance Scholarship in Science</i>	Ellis, B. H.
<i>Entrance Scholarship in Arts</i>	Fagg, C. G.
<i>Jeaffreson Exhibition</i>	Thomson, A. H. } Equal.
<i>Combined Hospitals University Entrance (British Universities) Scholarship and Exhibition</i>	
Scholarship	Turner, J. W. A.
Exhibition	Kelsall, A. R.
	Blackburn, G. } Equal.

NOTES FOR A LECTURE ON HÆMOPTYSIS BY SAMUEL GEE.

[A YEAR or two before his death, which took place in 1911, Dr. Samuel Gee gave me two of his lecture note-books. The book from which the following lecture-notes are copied is dated on the fly-leaf May 7th, 1884. As these particular notes occur very early in the book, and as Dr. Gee was lecturing on medicine at the Hospital during this year, it may be assumed that the notes were written about that time. I have transcribed them literally, with only two minor exceptions: I have written abbreviated words in full, and I have omitted references to museum specimens and to Dr. Gee's own case-books.—THOMAS HORDER.]

HÆMOPTYSIS.

Hæmoptoe: Bleeding from air-passages.

i. Rusty sputa, sputa crocea, "bilious"; not usually called hæmoptysis. Commonest in pneumonia. Sometimes sputa quite rusty, and indistinguishable from sputa of pneumonia, for a few days in cases when pneumonia may be said (from absence of all its signs and symptoms) to be certainly not present, *e.g.* in hydrothorax of renal disease, bronchitis.

ii. Sputa cruenta. What is the difference due to? Query: In rusty sputum a small quantity of blood, well aerated and intimately mingled with pure mucus? No sharp distinction between sputa crocea and cruenta; they often pass each into other.

Causes.

I. Bleeding most abundant; quickly fatal. [Fluor sanguinis, *i.e.* unmixed blood.]

i. Rupture of aortic or other aneurysm into air-passages.

ii. From a cavity:

a. Of phthisis; often rupture of small aneurysm.

b. Of gangrene.

II. Less abundant: sputum sanguinis.

i. Tubercular phthisis in all its stages: Often no physical signs, in incipient phthisis, whether hæmoptysis be small or great. Often highly febrile, both in incipient and confirmed phthisis.

In a young man hæmoptysis is a strong suspicion of tubercle.

Also in arrested phthisis with small cavity with callous walls.

ii. Congestion of lungs, especially dilated heart, and mainly mitral, sometimes aortic disease.

iii. Hæmorrhagic infarctus, especially mitral disease.

iv. Chronic bronchitis and emphysema. Common in drunkards. (Laennec, i, p. 258.) Even in young children.

iva. Dilated bronchi.

v. Pneumonia: sputa more than rusty, streaked with blood or deeply imbued with it.

vi. Pleurisy at onset.

vii. Pleural effusions.

viii. Gangrene of lung.

ix. Cancer of lung.

x. Hydatids.

xi. Hooping cough.

xii. Aneurysms of aorta or other vessels.

xiii. Abdominal tumours: ascites, pregnancy, ovarian cyst.

xiv. Hæmorrhagic diathesis: *e.g.* scurvy, splenic diseases, etc. In some people a decided tendency to bleed on small causes, which can hardly be called disease, *e.g.* women. Some men also.

xv. Vicarious: of menses. Denied by some, but see Laennec, i, p. 258; Watson, ii, p. 149. Graves, ii, p. 137, speaks of it as a common thing. (Trousseau, i, p. 574.) Arrested by menses. (Hippoc., *Aph.*, v, p. 32.)

xvi. Laryngeal disease very seldom causes hæmorrhage (except cancer, injury).

xvii. Ulceration of trachea; may be visible by laryngoscope.

In Japan and Formosa a parasite (fluke). (See Manson's book: *Distoma Ringeri*.)

The immediate antecedent an effort.

Signs.

I. Bleeding most abundant and quickly fatal:

Blood brought up almost pure.

Death from loss of blood, and suffocation. (Graves, ii, p. 146.)

II. Not immediately fatal:

1. Very copious, blood almost pure, diagnosis from sputa alone cannot be made until the hæmorrhage becomes—

2. Less copious, and blood mixed with mucus.

i. Sputa streaked with blood: no difficulty.

ii. Sputa thoroughly imbued with blood: yet brought up sputum by sputum:

a. Remain distinct, no difficulty.

b. Run together: patient will have been some time expectorating what there is.

Manner in which blood comes up.

- i. Distinctly coughed or hawked up.
- ii. Comes into mouth without any effort.
 - a. Quantity very great, a gush of blood.
 - b. Quantity is much smaller than this.
- iii. Hæmoptysis attended by effort like that of vomiting. (Laennec, i, p. 384; Trousseau, i, p. 583.)

Symptoms: Assidentia.

1. Signs and symptoms of disease preceding hæmoptysis.
2. Signs (physical) of hæmoptysis itself.
3. Comitants of hæmoptysis.
 - i. Fever, very common: even in confirmed phthisis hæmoptysis is often febrile; in ascites, etc. In incipient phthisis (quasi-pneumonic hæmoptysis).
 - ii. Clotting of blood in lungs. (Graves, ii, p. 146.)

Diagnosis.

1. Bleeding from nose. (Van Swieten, xii, p. 4.)
2. Bleeding from mouth.
3. Bleeding from fauces. (Van Swieten, xii, p. 5.)
4. Hæmatemesis.
 - i. Gastric hæmorrhage.
 - ii. Swallowed blood: especially hæmoptysis, epistaxis.

Prognostica.

Even when hæmoptysis is cause of death, hæmorrhage often ceases for some hours before death: patient dies from loss of blood, but not immediately.

Treatment.

- I. Regimen:
 1. Rest of body and voice.
 2. Cold food; quantity small.
 3. Cold to chest.
- II. Drugs.
 - i. Applied to primæ viæ.
 1. Purgatives: saline aperients. (Thos. Young, p. 59; Graves, ii, p. 142; Andrew Clark.)
 2. Emetics:
 - a. Tablespoonful of salt, without water, repeated *p.r.n.* (Graves, ii, p. 142.)
 - b. Ipecacuanha.
 - i. In emetic doses. (Trousseau, i, p. 584; Duckworth, *S.B.H. Reports*, vii, p. 117.)
 - ii. In smaller doses. (Graves, ii, p. 141.)

2. Which act on vital constitution.
 - i. Digitalis.
 - ii. Ergot, especially subcutaneously. 1 part ergotin in 2 parts of water; inject 1-3 minims and repeat in 4 hours if necessary.
 - iii. Aconite in highly febrile hæmoptysis is sometimes very successful.

3. Styptics.

- a. Sugar of lead. (Heberden, ii, p. 532.)
- b. Tannin or gallic acid.

Styptics best not given unless loss of blood really serious.

Drugs may be combined; *e.g.* lead or ipecacuanha by mouth and ergot subcutaneously.

Opium, when much weakness. (Graves, ii, pp. 140, 147.)

III. Surgery.

Production of pneumothorax. (*Clin. Trans.*, 18, p. 278.)

RECENT WORK ON THE HORMONES OF THE FEMALE GENERATIVE SYSTEM.



ONE of the most important advances in pure physiology has been the elucidation of some of the controlling factors of the female sexual cycle. The advance, initiated by the determination of the time relations of menstruation and ovulation in the case of the human female, has led to a stupendous production of experimental data, both physiological and biochemical, by which the average medical man is very much overpowered. It is by no means easy to determine which of the published material can be considered reliable, nor is it easy to be certain which are the facts which can be considered as proven. Further, practitioners are inundated with circulars from manufacturing chemists which advance extravagant claims for their preparations. It can be said very emphatically that the majority of such circulars, while perhaps containing vague hints of reliable experimental work, are almost invariably misleading. Only optimistic therapeutists can hope to obtain results from the administration of the glandular preparations on the market. It is difficult to convince the general practitioner of this fundamental fact, and it is still more difficult to persuade manufacturing chemists that they put forward outrageous claims. Some years ago a well-known firm put on the market an ovarian preparation which contained a very small amount of the œstrus hormone, an amount which at the time appeared to be far too small for therapeutic purposes and which

has since been reliably shown to be insufficient. I had the temerity to point this out to the firm in question, and to justify their attitude they showed me a remarkable series of replies from practitioners who had used this product. All the replies praised the efficiency of the preparation in question, but as good results were reported for such contrary complaints as amenorrhœa and menorrhagia I was not greatly impressed. Similarly old students come to me from time to time and praise the efficiency of the ovarian preparations. Some get good results in cases of menorrhagia, others find the same preparation to be specific for cases of amenorrhœa. Two things should be remembered, the first is that a large proportion of such cases spontaneously improve with time, the second is that successful treatment is usually remembered, failures are easily forgotten.

It may be perhaps of some value if a short account of the recent work is presented. It is highly complex and it is not easy to follow.

Of the older work two important contributions have stood the test of time. The first is Heape's description of the sexual cycle of lower animals, the second is the histological work on the human menstrual cycle by Hitschmann and Adler, by Schröder and by others. Human material showed the importance of the corpus luteum phase of the menstrual cycle, and Schröder particularly deserves credit for emphasizing the division of the cycle into proliferative and secretory phases, one due to the influence of ripening follicles in the ovary, the other to the presence of a mature corpus luteum. Ovulation was dated to the inter-menstrual phase, about 14 days from the beginning of the last menstrual period. Recently there has been some opposition to this view, because recorded cases of conception following coitus during the post-menstrual phase have been recorded. It has, however, been suggested that these cases can be explained by assuming long survival periods of spermatozoa. In any case the histological evidence is overwhelmingly in support of the view that ovulation is restricted to about the fourteenth day.

The human menstrual cycle can therefore be subdivided as follows:

(1) *Post-menstrual*, in which the ovaries are inactive and the endometrium is in a state of rest.

(2) *Interval*.—This corresponds to about the tenth to the fourteenth days. The ovaries contain ripening follicles. The endometrium is hypertrophied and its superficial layers are œdematous.

(3) *Pre-menstrual*.—A mature corpus luteum is found in the ovaries, and the endometrium displays the characteristic hypertrophy with crenation of glands and swelling of the stroma-cells.

(4) *Menstrual*.—The corpus luteum shows evidence of retrogression; the endometrium shows disintegration in its superficial layers. These histological findings are well established, and they are closely paralleled by researches on lower animals. Again, it is to Prof. Schröder that credit must be given for suggesting that at least two hormones are produced in the ovary during the menstrual cycle, one which causes the proliferative phase of the endometrium between the tenth and fourteenth days, the other secreted by the corpus luteum which is responsible for the specific premenstrual hypertrophy, a hypertrophy which differs essentially in its histology from that found in the proliferative phase. The German school, headed by Schröder and Robert Meyer, maintain that menstrual degeneration is passively produced by the retrogression of the corpus luteum, but personally I believe that a third factor exists which actively causes the necrosis and degeneration which is seen during menstruation. On the other hand, whereas there is abundant evidence of the existence of the first two factors, it must be admitted that there is neither pharmacological nor biochemical evidence of this hypothetical third factor.

The consideration of the two recognized ovarian hormones demands a knowledge of animal work, and it is the link between gynæcological histology and animal experiment which presents so much difficulty to the medical man. Historically the isolation of the œstrus hormone of the ovary is very interesting. The essential difficulty was to obtain suitable test material for the extracts made. In 1912 Iscovesco used the uterus of isolated virgin rabbits and found hyperplasia to follow the injection of ether and alcohol extracts of the ovary: similar results were reported by Aschner in the following year. In 1922 Allen and Doisy put this preliminary work on a sure basis by employing castrated female guinea-pigs and rats as test animals. Stockard and Papanicolaou, and Long and Evans, had previously shown that the sexual cycle of the guinea-pig and rat could be accurately followed by examining vaginal smears.

In the rat and mouse the œstrous cycle can be described as follows:

(1) *Di-œstrus*, the state of rest. The ovaries are inactive. The vaginal smear shows leucocytes, mucus and epithelial cells.

(2) *Pro-œstrus*.—Ripening follicles are present in the ovaries. The lining cells of the vagina are multiplied and the vaginal smear consists mainly of nucleated squamous cells, although a few leucocytes can be seen.

(3) *œstrus*.—The follicles in the ovaries are larger, and it is at this phase of the cycle that both mating

and ovulation take place. The vaginal smear consists entirely of *non-nucleated* epithelial cells.

(4) *Post-œstrus*.—The ovaries contain corpora lutea. The smear contains leucocytes and *non-nucleated* epithelial cells. The latter serve to distinguish between di-œstrus and post-œstrus.

(5) *Gestation*.—If mating is permitted during the œstrus phase conception is recognized by mucification in the vaginal smear.

Rats and mice can be easily castrated through small incisions in the loins, and such animals form almost ideal test material for ovarian extracts, for vaginal smears can be easily examined. Allen and Doisy were able to identify a principle which produced the œstrous cycle in the castrated female guinea-pig and rat. At first it was believed that the hormone was limited to the contents of the Graafian follicle, but it was soon found that the hormone had a wide distribution. At the present time it is customary to follow the suggestion of Parkes and Bellerby and to call this hormone "œstrin." The hormone is present in large quantities in the placenta and in the urine of pregnant women, and these two sources are responsible for most of the material which is marketed at the present day.

œstrin has well-defined properties. It induces the œstrous cycle in castrated animals, it causes well-marked hypertrophy of the uterus, and there is some evidence that it produces abortion if given in large doses. Its standardization is difficult, for test animals vary in their response, and it is necessary to use a series of test animals. The œstrin hormone is marketed at the present day in the preparations "Progynon," "Menformon," "Theelin" and "Sistomensin." The hormone is best administered by injection. Much larger doses are required if the hormone is given by mouth. This point is worth bearing in mind, for although oral administration has the merit of simplicity, it is open to doubt whether much can be hoped from the therapeutic use of the usual preparations in the doses which are available at the present day. Great progress has been made in the last few years in the investigation of the chemistry of the hormone. Doisy and his co-workers, and, almost simultaneously, Butenandt, have succeeded in isolating a crystalline product of high potency.

The Corpus Luteum Hormone. Progesterin.

The main defect of Heape's classification of the sexual cycle was the omission of reference to the corpus luteum phase of the cycle. In Man, the corpus luteum phase is the most conspicuous feature, whereas in many lower animals it is masked by pregnancy. In the rabbit and ferret ovulation only occurs after coitus, and if the male

animal is vasectomized a corpus luteum phase is induced in the female after copulation. In this way the progestational or nidatory phase of the cycle can be studied. Researches on other animals have demonstrated that a corpus luteum phase can be recognized in most cases. Work with human material showed that the corpus luteum hormone was responsible for the pre-menstrual hypertrophy of the endometrium, for the enlargement of the breasts, which is frequently seen during the pre-menstrual phase of the cycle, and because ovulation is inhibited during pregnancy, it was believed that the corpus luteum inhibits ovulation. It must be emphasized that with human beings the influence of the corpus luteum completely overshadows that of the œstrous-promoting hormone. With lower animals the reverse is the case, and it is for this reason that the recognition of the corpus luteum hormone is of recent date. The early work with extracts of the corpus luteum showed that it contained a water-soluble principle which inhibited ovulation in such animals as the fowl, and guinea-pig. The recent work of Corner, Allen, Clauberg and others has shown that the corpus luteum hormone produces progestational hypertrophy of the endometrium provided always that the uterus is sensitized by the influence of œstrin. Consequently corpus-luteum extracts produce no effect in the uterus of the castrated animal, but after previous administration of œstrin there is well-marked progestational hypertrophy comparable to that found in the corpus luteum phase of the sexual cycle. The third important function of the hormone progesterin is that it inhibits the effect of pituitrin upon the isolated uterus. This effect was of course suggested by the earlier work of Marshall and Dixon, and of Knaus.

As yet very little is known of the hormone progesterin. It is water soluble and insoluble in lipid solvents. Efforts have been made to standardize the hormone, but as yet—so far as I am aware—standardized preparations are not on the market.

The Pituitary Hormones.

The relation between the pituitary and the female genital system has been known for a long time, but few people suspected the profound influence which animal experiment has shown the pituitary to exert over the sexual functions. The modern advances were initiated by the experimental work of Smith and Engle, and of Zondek and Ascheim, who, by injecting fresh pituitary emulsions and by grafting pieces of freshly-obtained gland respectively in immature mice and rats, obtained maturation of follicles and the production of corpora lutea in these immature animals. Previously Long

and Evans in 1921 had shown that pituitary extracts administered to adult rats resulted in well-marked body-growth together with inhibition of œstrus. Subsequently Wiesner and Crew succeeded in separating the gonadotropic principle from this extract. The evidence is quite clear that the anterior pituitary contains two principles, one a growth-promoting hormone which is capable of producing gigantism, the other a substance which promotes maturation of follicles and the formation of corpora lutea.

The Sex Hormone of the Pituitary.

Difficulties arise when the sex hormone of the pituitary is investigated. These difficulties depend upon the production of two phases in the ovary, one due to follicle maturation with the ensuing induction of the œstrus phase of the cycle, the other due to the outpouring of progesterin through the formation of corpora lutea. Zondek and Wiesner maintain that the pituitary gonadotropic principle contains two factors, one purely œstrogenic the other purely luteinizing. On the other hand much of the experimental work can be accounted for by supposing that the effects produced are due to variation in the amount of the hormone used. The position is by no means clear for there is good evidence both ways. It is, however, probably premature to maintain that two sex hormones are produced by the anterior lobe of the pituitary.

The physiological importance of the pituitary sex hormone cannot be over-emphasized. It is clear that the pituitary is capable of stimulating immature ovaries to full sexual maturity. In this way follicle maturation, ovulation and corpus luteum formation are shown to be under the control of the pituitary. Indeed the evidence suggests that the female sexual cycle is determined by the pituitary alone.

During pregnancy the anterior lobe of the pituitary hypertrophies, and it is believed that the increased secretion of the sex hormone leads to the excretion of the surplus in the urine. This view is based upon the identification in the urine of large amounts of a substance which has the physiological properties of the pituitary sex hormone, and indeed the Zondek-Asheim test for pregnancy is based upon the presence of this substance in the urine. Again there is opposition to this view. It is by no means certain that the substance in the urine is identical with the pituitary sex hormone, and there is some evidence that it is produced in the placenta.

The difficulties in the interpretation of the experimental work appear to have no bearing upon the clinical aspect of the pituitary sex hormone. What is

especially required is an available supply of active preparations. At present Zondek's prolan preparations, obtained from the urine of pregnant women, are the chief sources of supply. They are standardized in terms of rat-units. Other sources are follutein and antuitrin. It has been shown that the hormone is destroyed by the gastro-intestinal secretions, and there is very little evidence that results are obtained if it is given by mouth. Further, the preparations are not stable for long. The clinical administration should therefore be by hypodermic injection and only fresh supplies should be used.

The Posterior Pituitary.

The active principle of the posterior lobe of the pituitary has been shown to contain two principles, one which is oxytocic (pitocin), the other vaso-pressor. The action of the oxytocic principle is inhibited by progesterin. The pressor principle is anti-diuretic and is responsible for the contracture of the muscles of the gastro-intestinal tract.

The Influence of the Pituitary on Mammary Secretion.

Work on the relation between the breasts and the pituitary is in an embryonic stage of development. There is some evidence that œstrin promotes hypertrophy of the breasts, but there is no reason to believe that this hormone controls the secretion of milk in addition to mammary hypertrophy. On the other hand it has been shown by Corner and by others that anterior pituitary extracts stimulate the secretion of milk in the breasts of spayed virgin rabbits. There is reason for believing that the anterior pituitary mammary stimulating hormone is distinct from the sex hormone for it has been possible to separate the two principles by chemical means. The physiology of lactation is, however, but little understood, and there is a tendency to confuse mammary hypertrophy with secretion of milk—two processes which are quite distinct.

Clinical Application.

The above considerations indicate the individual hormones which will eventually be available for therapeutic purposes. The list is long and it seems quite clear that much clinical skill and judgment will be necessary if the hormones are to be used scientifically. The hormones are as follows:

Ovary.

- (1) Œstrin.
- (2) Progesterin.

Pituitary.

- Anterior lobe.*—(1) Growth-promoting hormone.
 (2) Sex hormone, with the possible division into—
 (a) Œstrogenic.
 (b) Luteinizing.
 (3) Lactogenic principle.

- Posterior lobe.*—(1) Oxytocic principle.
 (2) Pressor principle.

At the present time only œstrin, the anterior lobe sex hormones (prolan A and B of Zondek) and the posterior lobe hormones are marketed. At once the therapeutic field is restricted. Personally, I cannot believe that startling cures can be expected with the resources of the present day. There is a tendency amongst medical men to hail all new therapeutic remedies with enthusiasm, and very often reports of treatment with such remedies lack critical analysis. Some years ago, with the help of a Bart.'s man attached to a well-known commercial firm, I arranged for the District placentas to be collected and used as a source of supply of œstrin. I carried out a trial of the therapeutic effect of the hormone on a small series of cases. The results were published in due course when I was hesitant to suggest that the hormone had any proved therapeutic effect. Far more enthusiastic reports were subsequently made by other people, but time has shown that the pessimistic attitude I adopted was fully justified.

Similarly with the pituitary sex hormone. On the one hand the Edinburgh school have recently reported good results from its administration and claim extremely good results in cases of repeated miscarriage. On the other hand, in America, Smith, Goldstein and others report exactly opposite results, and Goldstein goes so far as to say that he believes his patients would have gone to term but for the injections of the hormone. My own view is that so long as we cannot be exact in diagnosing precisely which factor in the endocrine chain is at fault, so long will hormone-therapy in gynaecology be empirical. This view will be criticized because of its pessimism, but it serves to indicate the road along which clinical research should proceed. To Frank and his co-workers belongs the credit for attacking the problems scientifically. They have made efforts to establish the diagnosis in various endocrinal disorders by biochemical means, by estimating the blood-content of œstrin, the anterior pituitary sex hormone and progesterin, and have attempted to correlate their findings with the clinical aspect of the case. The results obtained are encouraging, but I doubt whether they can be considered to have passed the experimental stage. The difficulties are very great and errors can easily be made. The other method of tackling the

problem is to separate cases into groups by purely clinical methods. Little progress has been made along these lines, although it is fairly obvious that such a grouping of cases will be essential for future organo-therapy. Nevertheless records should be made of all cases treated with œstrin and the anterior pituitary hormones. It is essential that failures should receive as much attention in the records as successes. Data of this type are of the greatest value.

What I have attempted to convey is the difficulty of assessing the factors at fault in such conditions as amenorrhœa, hypomenorrhœa, epimenorrhœa, and that with our present recognition of a series of nearly half a dozen hormones, one or all or only some of which may be lacking, it is straining accurate therapeutics to the full to aim at rectifying such complaints. The second difficulty is that such disorders often rectify themselves spontaneously, and a critical therapist will ponder deeply whether a good result is determined by his treatment or whether it is independent. The most important obstacle to clinical research is lack of active standardized material. The scarcity is very real and it is not clear how it will be overcome. Manufacturing chemists are doing their best to collect supplies, and there is hardly an obstetrical clinic in Germany which is not sending its placentas and urines to be extracted either for œstrin or for the prolan preparations. But at the present time it is very doubtful if the correct dosage of any of the hormones for human beings is known.

These views are, of course, very pessimistic, and doubtless the usual gibe will be made that my therapeutics consist of the administration of aloes pills and nitrohydrochloric acid. But there is what we call somewhat pompously a goal of clinical integrity, and it is perhaps better to avoid empiricism and blunderbuss methods and to await patiently further information.

WILFRED SHAW.

ACKNOWLEDGMENTS.

The League News—The British Journal of Nursing—The Nursing Times—The Student—The Hospital—The Leprosy Review—Extrait des Annales de l'Institut Pasteur—Bulletins de L'Hôpital Saint Michel—L'Echo Médical du Nord—Bulletins of the Johns Hopkins Hospital—Medical Times and Long Island Medical Journal—The Queens Medical Journal—The Post-Graduate Medical Journal—The East African Medical Journal—Guy's Hospital Gazette—The London Hospital Gazette—University College Hospital Magazine—St. Thomas's Hospital Gazette—St. George's Hospital Gazette—The General Practitioner of Australasia.

THE BIRTH OF THE STUDENTS' UNION AND JOURNAL.

IT may interest the readers of the Bart.'s JOURNAL to read of the memories of these events as remain in the mind of the first secretary of the Students' Union. When I came to Bart.'s in the early 'nineties from Cambridge each sport was supported by the effort of the secretary and such friends as he could enlist, in collecting half-crowns from his fellow students with a donation from the member of the staff who was President. How on earth we carried on I don't know, my year as secretary of the Athletic Club was a bit of a nightmare at times, any spare moments during the summer session had to be spent in begging. I have never forgotten one sportsman, "I hear you generally get a prize yourself, why shouldn't you pay for it." Good sports had to pay a half-crown to every club in the Hospital. A week before the sports came off there was only about half enough to cover our annual expenses, I had to beg furiously from every one I saw.

Such haphazard methods disgusted men from Cambridge who were used to orderly institutions in their Colleges, a charge in the terms bill did not worry them or their parents. Backed by some of our London colleagues who had felt the evils of the existing system or lack of it, a group of Cambridge men started a crusade to get the clubs amalgamated and persuade the school to collect the subscriptions with the fees. Every club had to vote itself into the scheme. Borchers, who was at Cambridge when I was, did most of the organizing. He was a very able South African, who was the real founder of the JOURNAL, and, if I remember right, was its first Editor; the only part I took in that enterprise was touting for advertisements. I remember one had to try and speak at each club meeting, a most trying ordeal to me. Only once did I really get going. Billy Royden pointed out the impossibility of collecting pounds when it was like taking a man's lifeblood to extract a half-crown, and then asked if I had ever tried the pastime. After my recent sufferings this was too much, and I got quite fluent.

Owing to the efforts of Mr. Anthony Bowlby and Dr. T. W. Shore, who was then Warden of the College, the School authorities consented to the scheme and undertook to collect the fees. This secured the victory, but it was a hard-won fight; numerous were those who prophesied disaster, there was an astounding amount of feeling, not bad feeling so much as sadness that well-intentioned persons should wreck the clubs.

This was mainly among the old hands; many of my friends were very sore and sad and some refused the half-guinea which was the minimum subscription for

joining the new club. In my innocence I felt rather hurt at this attitude, this was my first reform campaign. Later on in life I realized in the I.M.S. that if you were allowed your own way at all, you were lucky to get off with a few kicks, never must you expect any thanks or approbation from seniors. The morning after the amalgamation had been officially announced I met Pa Jessop in the Square, "You have got your own way, my lad, and now you will have to be first secretary," was his greeting. I said I had no time, I was working for my finals and had no knowledge of finance. Jessop said Shore would see to finance, and that getting one's way carried results one could not shirk. How true his words were I realized in after years. Exactly what I did I can't remember; it seems to me that Shore and Bowlby did all the work, I acted as a messenger; but I must have been some use for, after a holiday, I came back to find a kind of rebellion going on; my deputy had been too autocratic, he had dared to criticize accounts, wanted to know how and why money had been spent; in fact had been most unreasonable, and the show was going to be broken up if this went on. Rather poverty with liberty than autocracy with rationed plenty was the feeling of the club secretaries. As far as I can remember nobody got a penny more, in fact nothing but a few kind words and sympathy for the hard worked, but casual secretary. In the end we got reasonable accounts and pulled through the first difficult year with a good balance.

When I go to Winchmore I rejoice at the result. Winchmore was the outcome of the amalgamation, it would have been impossible without it. It was due to the foresight firstly of Dr. Shore and Sir Anthony Bowlby and the generous backing given by the Staff.

The JOURNAL followed the formation of the Union Club, and was owing to Borchers' efforts, a man of ideas, to whom Bart.'s owe a debt of gratitude. I certainly don't think he got any at the time, but then he had his own way and got a lot of fun out of his Editorship, and he made it a going concern; he had far more business instincts than most of us, but we did not always appreciate these at the time.

Clubs may still have difficulties, but their secretaries can thank their lucky stars they did not have to run clubs in my time.

I wonder if the United Hospitals is properly run now as a 'varsity club is run; in my time we had to pay fares even to Edinburgh to represent London. I remember being blown up by dear old Kent Hughes, one of the finest sportsmen Bart.'s ever had, because I would not or rather could not produce the cash for a return ticket to enable me to run in the quarter at

Edinburgh. I remember trying to soothe him by pointing out that a hard-up widow of a doctor should not be expected to support to this extent a club representing thousands of students, in short if the U.H.A.C. wanted my services they would have to pay my fare.

I wonder if forty odd years have made corporate feeling any stronger, and if the United Hospitals' organization is any better now than then.

My last year at Bart.'s was fairly strenuous; before I took on the secretaryship of the Students' Union I had a more or less sleepless night wondering if I might conscientiously tackle the job with my finals coming so soon. I need not have worried; no job I ever did was so useful in after years in the I.M.S. Shore's teaching was useful; soon after I went out to India I found myself in a plague camp, the cash for some dozen funds was kept in separate bags, accounts were kept on sheets of paper, tied up in the bags. When these papers were full they were filed.

That was my first little bit of reform, and it got me out of a hole later on. A love for reform is a good thing, I suppose, but it gets you into trouble, it makes life exciting; best not to try it unless you have a mingled vein of cynicism and humour. The reformer hurts others inevitably; if he is too hard-skinned he hurts more; if he is too thin-skinned he gets too badly hurt himself; either alternative is bad for the work in view. If you can have an amused sympathy with those who oppose you things go easier, seeing the other fellow's point of view eases things, and your private amusement makes you feel superior; an essential to keeping you happy under critical fire or even abuse. In many things in life we have to work for the future; sometimes we can see our successors making a good job of a thing well begun in our youth, and that is a joy and a help in more important efforts.

To the students of to-day I would say: Never shirk a social effort, any work you do will pay you over and over again in after life. If you retain the youthful love for movement in later life you will not perhaps see the work of your hands recognized, but we live in a world of law, mathematical in its results; no good work is ever wasted.

Sir Anthony Bowlby told me that his idea was that a residential college should be built at Winchmore, so that fellows could get games easily and suggested a special college 'bus service. In these days of motors this should be easy. Bowlby was always keen on men keeping physically fit; he thought the athlete, provided he did things in moderation, had a better balanced mind than the merer book man.

W. GUYON RICHARDS.

GEORGE'S MISSION.



ESTERDAY I went to see George in a nursing home. He was sitting up in bed and, to all appearances, radiantly well; but when I inquired about his health a spasm of anguish twisted his face.

"The pains, my dear fellow, are agonizing," he groaned, "but my doctor is very sanguine. The—er prognosis is good." He laid one hand gently on his middle and groaned again.

"This last doctor is a psycho-therapist. He is laying bare my mental processes. My complexes, it seems, are definitely inferior, my mind is an appalling sink, and to find a parallel for my emotional reactions he has had to scour Greek tragedy. He murmured something about *Oedipus I believe*."

"But what has this to do with the terrible pains in your head and stomach?" I asked.

"I was coming to that," he replied. "Narcissus, also, is my blood brother. I love myself too much. I crave for sympathy and I demand attention. These pains of mine procure both for me."

Suddenly he leaned back, closed his eyes and groaned. "Pass me the aspirin, Charles." He took three and his pain passed immediately, for he sat up and inquired brightly, "Don't you agree with him?"

I hesitated, unwilling to commit myself, but he did not wait for my reply.

"The doctor is half right," he said; "this chronic invalidism suits my temperament, but the truth is, Charles, I am a man with a mission—a reformer."

"Yes, yes," I murmured soothingly, for there was a fanatical light in his eye, "so are we all nowadays—*Empire Crusaders*."

"Charles, I am serious. I am reforming nursing homes. This is the twelfth nursing home I have adorned. All of them bad, but all of them better when I have left."

"The Passing of the third floor back," I said with a smile.

"An exact analogy," he insisted. "The ordinary nursing home is a drab house, preferably on a noisy main street, of northern aspect and surrounded by dripping plane trees, in which the sick are placed in small cubicles, cold and ill-lighted. The patient is laid on a hard mattress, fed with inferior food and—grimmiest joke of all—at the head of the bed is a bell, and if he, with the courage born of his extremity, dares to ring it, before the over-worked probationer answers his summons, sufficient time elapses for the decease of Charles II, let alone ordinary men. For all those mercies, and those inevitable extras, one pays handsomely. The bills are

not so long at the Imperial Hotel. Picture the poor rich devils lying in these places. The hospitals are positively jolly by comparison."

"But how do you set about reforming them?" I asked.

"The thing is simple. I have a black list and I become a patient at each in turn. I enter them with an indomitable will, a diet sheet which would exercise the skill of a good chef, and a stop-watch. The first day I turn my attention to the room—to such things as the bed, the curtains, easy chairs and flowers. I insist on a box-spring mattress, and I get it—usually from the Matron's bedroom. It takes a week to get the food and the cooking improved, but I work such a revolution that the other patients would rise from their beds and call me blessed if they knew. The second week I turn my luminous intelligence to the internal working of the place. There is now nothing about nursing home administration that I don't know. In the third week I am invariably offered a partnership, or at least a seat on the board."

"Why don't you start nursing homes of your own?" I asked, "a chain of George's Luxurious Nursing Hotels from Land's End to John o'Groats."

He eyed me reproachfully. "You forget I am a sick man."

"Of course," I said hurriedly, fearing another demonstration, "but what about the stop-watch?"

He turned over in bed, took a stop-watch from under his pillow, set it and rung his bell. A nurse quickly entered the room, closed the door and came swiftly to his side. "Did you ring, Sir?" she asked.

"Ten and two-fifth seconds," he said kindly; "that is much better. At four-fifteen, nurse, will you send two pots of tea, one China and one Indian, toasted muffins, scones and honey?"

"Very good, Sir," she replied. "Are you quite comfortable?"

"Yes, thank you, nurse; that is all."

"Up to the present," he said, while we were having tea, "it has been simple, but the next three on the list are surgical nursing homes. Do you realize the meaning of that, Charles?"

"But you can't go into a surgical home without having an operation," I exclaimed.

"Exactly, Charles," he said, "the crisis of my life approaches. I have made up my mind that I shall sacrifice flesh and blood in the sacred cause. Preferably my least vital organs. I shall begin with one tonsil. T.M.G."

"You can't get a surgeon to remove them," I said.

"I have inquired into that," he said maliciously, "and I am credibly informed that the throat surgeons

in London who have refused to remove tonsils can be numbered on the fingers of one hand. I shall consult one of the others."

"George," I said, as I wished him good-bye, "you are a hero."

"Who delights in his own heroism," he replied; "and don't forget, Charles, if you have to enter a nursing home, consult my dossier first; it is invaluable."

D. V. H.

SUSCEPTIBILITY.

DO you remember, as we took the road
One night from Amberley to Arundel,
How in the west the sunset drooped and glowed,
As though in some far citadel
Gold, molten, flowed?

The evening sky, so deep yet clear its hue
Was like the rarest silken covering
Spread over earth, rich-wrought in gold and blue.
The world was hushed; only did sing
A bird or two.

A wood of pines, crowning a low hill's brow,
Rose 'twixt the earth and sky—and oh, it seemed
To be a crown of thorns: each separate bough
Shattered the dying sun, which streamed
Christ-like blood now.

You remember? You murmured, "Glory be
To God who made worlds beautiful"; but I
Could only curse, broken at heart to see
Such beauty; and you wondered why,
Not knowing me.

C.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. PLYMOUTH ALBION.

Played on Saturday, October 8th. Away. Lost, 3—6.

The Albion were at full strength while we were without Capper and Darmady. The forwards must be especially congratulated on their display under the leadership of Lewis, who, as usual, played magnificently. If only the attacking powers of the outsiders were as good as their defence, the team would be superb.

The ground was sticky following heavy rain, and it was made considerably worse by showers during the game. The Albion kicked off against the wind, and were soon in our "25." Both sides were getting the ball to their outsiders, and some good passing movements took place. The forwards managed to get a try by Harris following up a kick ahead. This was not converted. We led 3—0. The Albion pressed again and were kept out by really good tackling preventing their outsiders from gaining ground, or from passing quickly enough. The ball became very sticky following a shower of rain and passing was difficult, so the remainder of the first half

resolved itself into a forward struggle, except for one good movement by Pirie and Powell. We led at half time 3-0. On resuming, the ball was drier, and as the Albion were getting more of it we were kept in our half for some time, during which Sparks scored a penalty goal, making the score 3-3.

Towards the end the Albion were lucky to score when Curtiss failed to touch down after a poor attempt at a kick ahead by the Albion wing, Rees. Powell replied with a very good run ending almost under their posts, soon after which the whistle went for no-side, and we lost 3-6.

Team.—C. W. John (*back*); J. G. Youngman, L. M. Curtiss, A. H. Pirie, J. D. Powell (*three-quarters*); J. R. Kingdon, F. H. Masina (*halves*); J. M. Jackson, J. H. Patterson, E. E. Harris, A. H. Grant, R. Mundy, B. S. Lewis, J. D. Wilson, D. W. Moynagh (*forwards*).

Referee: Mr. F. W. Sanders (Plymouth).

ST. BARTHOLOMEW'S HOSPITAL v. PONTYPOOL.

Played on Saturday, October 1st. Away. Lost, 5-16.

Pontypool kicked off with the wind behind them and kept us in our "25" for the first ten minutes, without actually looking very dangerous. We got out with a fine passing movement by Curtiss, Kirkwood and Youngman, which nearly led to a score, as did a burst by Powell and Lewis soon after. Their back, Newey, relieved the pressure by fine kicks to touch. Powell then intercepted and ran half the length of the field before being stopped. Pontypool began to attack and Bodger nearly scored; they kept up the pressure and Joshua got over. Allen converted (0-5). Bodger again nearly scored, but was well tackled by John. Then Pontypool were awarded a penalty, which they converted, and so led 8-0. Kirkwood made a fine dash, but was stopped in time, Pontypool replying with a kick and follow-up by the back, who caught John in possession. Darmady very nearly kicked a penalty goal, and Youngman was almost over in the corner.

Half-time score was 0-8.

Soon after we got near their line with good touch-finding by Kingdon. We were sent back, however, by a fine dribble by their forwards, ending in a try. They led 11-0. We very nearly scored with a really magnificent effort, the ball going from the scrum to Curtiss and then from Youngman to Kingdon, who passed to Lewis, but he was tackled almost on their line. Powell very nearly scored, but the ball was then swung across to their left wing, who ran nearly the whole length of the field before being caught up by Youngman at the corner post. Pontypool scored soon afterwards by a forward passing movement, this was converted. Lewis again nearly got over for us, and soon afterwards Curtiss followed up a fly-kick and scored. This was converted by Darmady (16-5).

So ended a really good game, well refereed by Mr. Roy Jones, of Cross Keys, in which we were really unlucky to be beaten by so much.

Team.—C. W. John (*back*); J. G. Youngman, L. M. Curtiss, R. M. Kirkwood, J. D. Powell (*three-quarters*); J. R. Kingdon, F. H. Masina (*halves*); E. M. Darmady, J. H. Patterson, D. W. Moynagh, R. Mundy, A. H. Grant, B. S. Lewis, J. M. Jackson, J. D. Wilson (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. LONDON HOSPITAL.

Played on Wednesday, October 5th. Home. Won, 6-3.

This was a friendly, but London were not at full strength, lacking several of their forwards, while our pack did not exert themselves till the closing stages of the second half. Neither sides' outsiders distinguished themselves owing to the rapidity with which wing forwards got up on the fly-halves.

London nearly scored when their left wing, Cooper, intercepted, ran up to John and punted ahead and nearly caught up the ball before it went into touch in goal. They then scored a penalty goal and led 3-0. We nearly replied by a try following a run by Darmady, who passed to Curtiss (who had changed positions with Kirkwood), but his pass to Youngman was knocked on.

At half-time they led 3-0. Our forwards then improved, and Capper and Lewis nearly scored a try between them, immediately after which Darmady kicked a penalty (3-3).

The game finished a good passing movement, which resulted in Curtiss crossing. This was not converted, and so we won 6-3.

Team.—C. W. John (*back*); J. G. Youngman, A. H. Pirie, R. M. Kirkwood, L. M. Curtiss (*three-quarters*); J. R. Kingdon, F. H. Masina (*halves*); E. M. Darmady, J. H. Patterson, E. E. Harris, A. H. Grant, R. Mundy, B. S. Lewis, W. M. Capper, J. D. Wilson (*forwards*).

Referee: Dr. Glyn Hughes.

ST. BARTHOLOMEWS' HOSPITAL v. BEDFORD.

Played on Saturday, October 15th. Away. Lost, 0-3.

Bedford were at full strength and possibly were favoured by knowledge of their ground, which is very wide.

Soon after Bedford had kicked off we lost Patterson, our hooker, and so the forwards must be congratulated on the way they secured the ball, especially in the line-outs and scrums. From a punt ahead in a good attacking movement by us, the Bedford left wing managed to gather the ball and make a magnificent run to score in the corner. This was not converted (0-3). We then commenced a series of attacks in which Nel and Curtiss were prominent, one of which, a dribbling movement by Nel and Kingdon, was most unlucky not to be rewarded by a try to the latter.

Bedford returned to the attack, but were kept out by magnificent tackling. Just before half-time Pirie and Powell started a good movement, but were handicapped by lack of backing up. So Bedford led 3-0.

The second half consisted of repeated attacks by our outsiders against a stubborn defence. Nel nearly scored, and so did Pirie, Bedford only occasionally getting out of their half. And with any luck Curtiss would have scored but for the fact that the pass destined for him unfortunately went over his head.

We certainly were unlucky not to have forced a draw.

Team.—C. W. John (*back*); J. G. Nel, L. M. Curtiss, A. H. Pirie, J. D. Powell (*three-quarters*); J. R. Kingdon, F. H. Masina (*halves*); E. M. Darmady, J. H. Patterson, J. M. Jackson, A. H. Grant, R. Mundy, J. D. Wilson, W. M. Capper, B. S. Lewis (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE.

Played on Wednesday, October 19th. Away. Lost, 3-22.

The weather was fine and the ground in excellent condition. Cambridge kicked off against the wind and began to press almost immediately. Our forwards did not display their usual activity till after half-time. At the beginning our outsiders had to stem repeated attacks by the Cambridge backs, mostly inaugurated by Phillips.

After half-time things began to improve, and with a good share of the ball, our backs showed what they could do. Nel and Curtiss made some good runs, but in one attack, on the left wing when we nearly scored, Curtiss was heavily tackled by Rees and both had to leave the field. Wilson was taken out of the scrum and put on the right wing with Nel in the centre. We continued to attack and were unlucky not to score sooner than we did, when after a good movement on the right wing, to which Curtiss had returned, the ball came into the centre again and Lewis managed to score a well-deserved try. Just before the end Cambridge scored again and so won 22-3.

With their opportunities Cambridge should have scored much more in the first half, had it not been for our sound defence, but during the second half our forwards improved immeasurably and deserved to score more than the one try.

Team.—C. R. Morrison (*back*); J. D. Powell, A. H. Pirie, L. M. Curtiss, J. G. Nel (*three-quarters*); J. R. Kingdon, F. H. Masina (*halves*); E. M. Darmady, K. J. Harvey, J. M. Jackson, R. Mundy, A. H. Grant, B. S. Lewis, W. M. Capper, J. D. Wilson (*forwards*).

ASSOCIATION FOOTBALL CLUB.

IST XI v. WESTMINSTER BANK "A."

Played on Saturday, October 8th. Home. Lost, 2-6.

Little importance can be attached to the result of this match. Play was even from beginning to end. It was due to a rebound into the Bart's goal off Hunt that the Bank had a lead of 2-1 at half-time. In the second half the Bart's forwards saw more of the ball, and nearly scored on many occasions. Our defence, however, was poor, and allowed the Bank to get clean away. Lack of combination left a man unmarked on almost every occasion, the opposing outside right especially, who was quick to seize two of the opportunities that were given him. Both the Bart's goals were scored by Shackman.

Team.—D. J. Johnson (*goal*); R. McGladdery, A. H. Hunt (*backs*); J. D. Ogilvie, D. R. S. Howell, W. M. Maidlow (*halves*); R. C. Dolly, P. Brownlees, R. Shackman, B. F. Jackson, H. A. Pearce (*forwards*).

1ST XI v. OLD BRENTWOODS.

Played on Saturday, October 15th. Home. Won, 3—1.

Play was even in the earlier stages of the first half, a light ball and a cross wind contributing to somewhat erratic play. The Hospital, on the whole, combined better, but missed one or two golden opportunities to score. The Old Brentwoods goal-keeper was kept very busy, but he was taken off his guard by one of his own backs who was being harassed by Shackman. In the second half play was fast and keen. Bart.'s opened up the game more than their opponents and carried out their movements with far greater speed. The Old Brentwoods goal was more often in danger, yet the score was levelled by a breakaway by their inside forwards. A few minutes later Pearce scored with a fine dropping shot from the left wing, and soon afterwards Shackman followed suit from a few yards range.

The standard of play in this game was on a different plane to that of the previous week, and there is no doubt that we have the makings of a good side that profits by its mistakes.

Team.—R. A. L. Wenger (*goal*); P. J. Hardie, A. H. Hunt (*backs*); J. W. B. Waring, D. R. S. Howell, J. D. Ogilvie (*halves*); R. C. Dolly, P. Brownlees, R. Shackman, F. D. M. Livingstone, H. A. Pearce (*forwards*).

HOCKEY CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. BECKENHAM II.

Played at Beckenham on October 8th. Won, 4—2.

After an extremely wet morning the weather very kindly cleared up for our first match. The ground was in good condition, considering the amount of rain there had been. Bart.'s won the toss, and decided to play away from the sun. From the beginning, the play was both keen and clean, and both sides made frequent attacks on the opponents goal. Eventually the Hospital managed to open the score. Soon afterwards Beckenham replied. Beckenham then went on to score again, leaving the Hospital one goal down. However, before the whistle went for time, the Hospital had managed to score three goals more.

The play was very promising for a first match. The defence was good, especially H. T. Hindley and V. C. Snell at back. The forward play was scrappy on the whole. We are extremely pleased to have A. Glanden Williams playing for us again this year.

These scoring for the Hospital: A. Glanden Williams (2), A. D. Iliffe and G. Blackburn.

Team.—J. L. D. Roberts (*goal*); G. T. Hindley, V. C. Snell (*backs*); B. Thorne Thorne, K. W. Martin, C. Fletcher (*halves*); G. Blackburn, A. Glanden Williams, A. D. Iliffe, L. Heasman, J. M. Lockett (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. WOOLWICH GARRISON.

Played at Woolwich on October 15th. Won, 5—2.

The game was played under somewhat adverse conditions—a bumping pitch, a blinding light, an hour to play and an air display overhead. It was not until twenty minutes after the start of the game that the Hospital managed to score. A few minutes later the score was increased to two. The Garrison then made an attack and managed to secure a goal through a miskick of Smallhorn's. Each side scored again before the interval, bringing the score to 3—2.

During the second half, the Garrison were seldom dangerous, and the Hospital added yet two more goals to their aggregate.

The forward line was playing much better than on the previous match. C. A. Davidson had a number of attempts at goal from the corner, most of which went behind. He must learn to pass back to the edge of the circle more. In the half-line B. Thorne Thorne played a good game. The defence was not excessively worked during the game.

Those who scored for the Hospital were: G. Blackburn (3), A. Glanden Williams (2).

Team.—D. Smallhorn (*goal*); G. T. Hindley, V. C. Snell (*backs*); B. Thorne Thorne, K. W. Martin, C. Fletcher (*halves*); E. W. Burstal, G. Blackburn, A. Glanden Williams, L. Heasman, C. A. Davidson (*forwards*).

RIFLE CLUB.

The Miniature Range has received good support this term, especially from freshmen, and there is a prospect of some good shooting his year.

The Club has joined the City of London Rifle League and weekly matches are being shot, while matches are also being arranged for a "B" team, and it is hoped to form an Inter-Hospitals' Rifle League for shoulder-to-shoulder matches.

This term competitions have been arranged for spoons, the Newspaper Certificates and the Bell Medal.

The Club now possesses two No. 15 B.S.A. rifles, which are proving very satisfactory.

Tuesday evenings are now reserved for those not in the first team and members of the team are then available for coaching.

D. O. D.

CORRESPONDENCE.

TWO UNUSUAL CASES OF TWINS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—The following cases from my practice may be of interest to some of your readers.

The first is a primipara living ten miles away from me. Three days before labour commenced felt a great commotion within and had to retire to bed with faintness.

Commencement of labour was slow, the os being about the size of a two-shilling piece and not enlarging, a drachm of tinct. opii was given which completely stopped the pains for twelve hours. When next labour commenced the pains were violent, with a bloody discharge. On examination the position was L.O.A., and as soon as the os would permit forceps were applied. At the first pull some progress was made, but at the next pull the forceps began to slip.

An investigation with the whole hand inside the uterus revealed a second head with its chin firmly fixed above the sternum of the first baby. This caused the first head to extend itself out of the forceps as soon as traction was made.

The second head was rotated to free the chin and then a 7½ lb. dead boy was easily delivered. The second boy was delivered with forceps shortly after.

What caused the death of these twins?

The second case was a multipara. I was sent for under the Midwives' Act and told that a child had been born about four hours, as a breach. I found the uterus large and heart-shaped, from the vagina the cord of the child was hanging, and on examination it appeared to be attached to the placenta, but a further examination of the abdomen suggested that there was another baby in the uterus, so an examination by the whole hand was decided upon. The placenta before mentioned turned out to be another "bag of waters," and on breaking these another baby was found tightly wedged in the fundus of the uterus, with its back presenting, some difficulty was experienced in getting hold of a leg, and when this had been accomplished the head came away from the fundus like a cork out of a bottle. On examination of the placenta afterwards the cord of the first child was found to be attached to the membranes of the second bag of water.

The two children were girls; I have never heard of this form of attachment before.

Puerperium in both cases was normal, and, I think, shows the advantage of an examination by the whole hand in all cases of any difficulty before undertaking any line of treatment.

I am,

Yours truly,

P. T. SPENCER-PHILLIPS.

Great Baddow,

Chelmsford;

October 18th, 1932.

REVIEWS.

THE RELATIVE VALUE OF RADIOTHERAPY IN THE TREATMENT OF CANCERS OF THE UPPER AIR-PASSAGES. University of London Semon Lecture. By W. DOUGLAS HARMER, M.Ch., F.R.C.S. (London: John Murray.) Pp. vi + 85. Price 6s. net.

Mr. Douglas Harmer's Semon Lecture, delivered in November, 1931, has been published in book form as well as in the current volume of *St. Bartholomew's Hospital Reports*. His subject is one of great complexity, and the technical difficulties of dealing with neoplasms of the upper air-passages have hitherto baffled surgeons and radiotherapists alike. Mr. Harmer has, however, made a very definite constructive contribution towards the solution of the problem, and

his message is, on the whole, one of considerable hope. He states that before writing his lecture he circulated a *questionnaire* to other surgeons and institutions in order to obtain their general view of the value of irradiation in the upper air-passages. He received answers which would have been extremely discouraging to any beginner in this field, but fortunately he had already a long and extensive experience of his own to draw upon, and his account of the present position and outlook is a remarkable tribute to his own technical skill and to his determination in the face of difficulty. The basis of his success in treating carcinoma of the larynx, of the antrum and nasal sinuses, of the naso-pharynx and of the tonsil, has been due to the fact that he was able to bring to bear upon them a high degree of surgical skill, together with a sound knowledge of the principles of radio-therapy. Mr. Harmer insists in his "conclusions" on the necessity for this double competence if success is to be attained. The treatment of new-growths in this difficult region must remain, therefore, in the hands of the highly trained few, and even so these few must be a group of experts rather than any individual. Mr. Harmer himself has had the advantage of co-operation at St. Bartholomew's and at the Mount Vernon Hospital with experts in different departments, such as Dr. Finzi, Dr. Levitt, Dr. Canti, Prof. Hopwood and Mr. Stanford Cade, and he is the first to acknowledge the help that he has received. Especially noteworthy is the importance he attaches to the expert use of high-frequency X-rays, such as has been applied to many of his patients by Dr. Levitt. It is still doubtful whether X-rays or a large mass of radium will prove to be the more valuable means of irradiation, but of the value of external irradiation Mr. Harmer has no doubt.

He brings forward a large amount of direct evidence from patients treated, and his conclusions are so concisely stated that his book will be found of great value for reference in deciding how to deal with individual problems. It is excellently illustrated and there is a full list of references.

SYNOPSIS OF THE BRITISH PHARMACOPEIA. By H. WIPPELL GADD. Twelfth edition. (London: Baillière, Tindall & Cox, 1932.) 4½ in. × 2½ in. Pp. 189. Price 2s. 6d. net.

This little book is especially useful for daily reference as its convenient size makes it fit with ease into the smallest pocket. The appearance of the *British Pharmacopæia* for 1932 makes it necessary that all who prescribe or dispense should be acquainted with the alterations in composition or strength of the articles contained in the new publication.

Many of the names for articles and preparations have been altered, these are set out separately, and there is a list of new drugs and drugs whose strengths have been modified. We recommend this synopsis for its simplicity and utility.

A HANDBOOK OF MIDWIFERY FOR OBSTETRIC DRESSERS, ETC. By COMYNS BERKELEY, M.D., F.R.C.P., F.R.C.S., F.C.O.G. Eighth edition. (London: Cassell & Co., Ltd., 1932.) Pp. x + 609, with 67 illustrations. Price 8s. net.

Mr. Comyns Berkeley is to be congratulated on the popularity which this handbook has now gained. In this new edition the text and illustrations have been thoroughly revised, and a new chapter has been added on the principal indications for the various obstetric operations. Pupil-midwives will do well to have this book ever by their sides, as the syllabus of the Central Midwives Board is admirably covered except for the physiology of midwifery, which the author has described in a separate volume.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ABRAHAMS, ADOLPHE, O.B.E., M.D., F.R.C.P. "Diarrhœa." *Clinical Journal*, July 20th, 1932.

— "Errors in Diagnosis." *Lancet*, September 24th, 1932.

ARMSTRONG, R. R., M.D., F.R.C.P., and JOHNSON, R. SLEIGH, M.D., M.R.C.P. "Treatment of Lobar Pneumonia by Anti-pneumococcal Serum." *British Medical Journal*, October 8th, 1932.

ATKINSON, E. MILES, M.B., F.R.C.S. *Intracranial Suppuration*. London: Jonathan Cape, 1932.

BEATTIE, DAVIS A., M.B., and ROBERTSON, H. D., M.R.C.S. "A Case of Simple Cyst of the Liver with an Analysis of Sixty-two other Cases." *Lancet*, September 24th, 1932.

CHOPRA, R. N., M.A., M.D., I.M.S. (and CHOWHAN, J. S.). "Action of Venom of the Indian Daboia (*Vipera russellii* vel *Vipera elegans*) on Certain Protozoa." *Indian Journal of Medical Research*, July, 1932.

COCKAYNE, E. A., D.M., F.R.C.P. "An Unusual Form of Brachyphalangy and Syndactyly, with Double Proximal Phalanx in the Middle Fingers." *Journal of Anatomy*, October, 1932.

COLT, G. H., M.B., B.Ch., F.R.C.S. (and MORRISON, MARGARET, M. M.). "An Analysis of the Mortality in Acute Appendicitis with respect to Drainage and the Variety of Operation." *British Journal of Surgery*, October, 1932.

COOK, A. B., M.B., B.S. "Peritonitis Due to *B. Friedländer*." *British Medical Journal*, September 10th, 1932.

CROOK, ERIC A., M.Ch., F.R.C.S. "On the Treatment of Rectal Disease." *Lancet*, October 8th, 1932.

CULLINAN, E. R., M.D., M.R.C.P. "Hamatological Observation on Rabbits and Guinea-pigs." *Rose Research on Lymphadenoma*. Bristol: John Wright & Sons, 1932.

CUMBERBATCH, ELKIN P., M.A., B.M., B.Ch., M.R.C.P., D.M.R.E. "The Role of Electricity in Treatment." *British Medical Journal*, August 20th, 1932.

DARKE, E. G. C., M.R.C.S., L.R.C.P., R.A.M.C. (the late) (Major W. W. S. SHARPE and E. G. C. D.). "A Fatal Perisplenic Abscess Complicated by Malaria." *Journal Royal Army Medical Corps*, October, 1932.

DONALDSON, MALCOLM, M.B., F.R.C.S. "A Plea for Periodical Examination to Reduce the Mortality from Cancer." *Practitioner*, August, 1932.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. "Calcareous Deposits in the Supraspinatus Tendon." *British Journal of Surgery*, October, 1932.

FEILING, ANTHONY, M.D., F.R.C.P. "Insomnia." *Practitioner*, July, 1932.

FLETCHER, ERNEST, M.B., M.R.C.P. "Atelectasis, Detelectasis and Apneumotosis." *Tubercle*, October, 1932.

FLETCHER, SIR WALTER, K.B.E., C.B., F.R.S., M.D., F.R.C.P. "Maternal Mortality and Morbidity: the Final Report of the Ministry of Health Committee." *Practitioner*, September, 1932.

GARROD, SIR ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. "Recent Developments in Immunotherapy." *Practitioner*, October, 1932.

GARROD, LAWRENCE P., M.B., M.R.C.P. "Characters of Yeasts and Further Observations." *Rose Research on Lymphadenoma*. Bristol: John Wright & Sons, 1932.

GORDON, MERVYN H., C.M.G., D.M., F.R.S. "Studies of the Etiology of Lymphadenoma." *Rose Research on Lymphadenoma*. Bristol: John Wright & Sons, 1932.

HAMMOND, T. E., F.R.C.S. "A Case of Gall-stones." *Clinical Journal*, August 31st, 1932.

HEALD, C. B., C.B.E., M.D., M.R.C.P. "The Menace of Quackery to Physical Medicine." *British Medical Journal*, September 10th, 1932.

HEWER, C. LANGTON, M.B., B.S., M.R.C.S., L.R.C.P. *Recent Advances in Anæsthesia and Analgesia*. London: J. & A. Churchill, 1932.

HORDER, SIR THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "A Clinical Concept of Lymphadenoma or Hodgkin's Disease." *Rose Research on Lymphadenoma*. Bristol: John Wright & Sons, 1932.

HORNER, N. G., M.D. "Medical Journalism in the British Empire." *Lancet*, August 6th, 1932.

HUNT, J. H., B.M., and SCOTT, P. G., B.Chir. "Treatment of Burns in Out-patients with Reinforced Tannic Acid Dressings." *Lancet*, October 8th, 1932.

JOHNSON, R. SLEIGH, M.D., M.R.C.P. See Armstrong and Johnson. (V. S. HODSON, M.D., F.R.C.P., and R. S. J.) "Artificial Pneumothorax: Some Results of Out-patient Treatment." *Lancet*, October 8th, 1932.

KETTLE, E. H., M.D., B.S. "The Pneumoconioses." *British Medical Journal*, August 13th, 1932.

MAINGOT, RODNEY H., F.R.C.S. *The Injection Treatment of Varicose Veins, Hemorrhoids, and other Conditions*. London: H. K. Lewis & Co., 1932.

MANSSELL, R. A., M.B.E., R.A.M.C. "Inoculation against Influenza." *Journal Royal Army Medical Corps*, October, 1932.

RECENT ADDITIONS TO LIBRARY.

ABDOMEN.

COPE : *The Treatment of the Acute Abdomen.*
MORLEY : *Abdominal Pain.*

ANÆSTHESIA.

HEWER : *Recent Advances in Anæsthesia and Analgesia.*

ANATOMY.

BEESLEY and JOHNSTON : *Manual of Surgical Anatomy.* Third edition.
WHITTAKER : *Manual of Surgical Anatomy.* Fourth edition.

BACTERIOLOGY.

BIGGER : *Handbook of Bacteriology.* Third edition.
DIBLE : *Recent Advances in Bacteriology.* Second edition.
DOBELL : *Antony van Leeuwenhoek and his "Little Animals."*
MUIR and RITCHIE : *Manual of Bacteriology.* Ninth edition.

BIOLOGY.

HENTSCHEL and COOK : *Biology for Medical Students.*

BRAIN.

ATKINSON : *Intracranial Suppuration.*
CUSHING : *Intracranial Tumours.*

CANCER.

GYE and PURDY : *The Cause of Cancer.*
KEYNES : *Radium Treatment of Carcinoma of the Breast.*

CHILDREN.

PATERSON and SMITH : *Modern Methods of Feeding in Infancy.* Third edition.
PEARSON and WYLLIE : *Recent Advances in Diseases of Children.* Second edition.
WINNICOTT : *Clinical Notes on Disorders of Childhood.*

DERMATOLOGY.

Jacobi's *Atlas of Dermaculisomes.* Two vols. Fourth edition.
ROXBURGH : *Common Skin Diseases.*
WALKER : *An Introduction to Dermatology.* Ninth edition.

DIAGNOSIS.

BAILEY : *Demonstrations of Physical Signs in Clinical Surgery.* Third edition.
SHATTOCK : *Handbook of Surgical Diagnosis.*

DIPHTHERIA.

FORBES : *Diphtheria, Past and Present: Its Ætiology, Distribution, Transmission and Prevention.*

EMBRYOLOGY.

FRAZER : *Manual of Embryology.*

FORENSIC MEDICINE AND TOXICOLOGY.

SMITH : *Forensic Medicine.* Third edition.

FRACTURES.

BOHLER : *Treatment of Fractures.* Third edition.

GYNÆCOLOGY.

STEVENS : *Diseases of Women.* New (Third) edition.

HISTORY OF MEDICINE AND SURGERY.

POWER : *The Foundations of Medical History.*
ROLLESTON : *The Cambridge Medical School.*

KIDNEY.

BALL and EVANS : *Diseases of the Kidney.*

LUNGS, ETC.

BRAY : *Recent Advances in Allergy.*

LYMPHADENOMA.

ROSE : *Research on Lymphadenoma.*

MEDICINE.

CONYBEARE : *Text-book of Medicine by Various Authors.*
The Medical Annual, 1932.

NERVOUS DISEASES.

PURVES-STEWART : *Diagnosis of Nervous Diseases.* Seventh edition.

OBSTETRICS.

JOHNSTONE : *A Text-book of Midwifery.* Sixth edition.
The Queen Charlotte's Practice of Obstetrics. Second edition.
TEN TEACHERS : *Midwifery.*

OPHTHALMOLOGY.

DUKE-ELDER : *Text-book of Ophthalmology.* Vol. I.

PATHOLOGY.

BOYD : *Pathology of Internal Diseases.*
BOYD : *Text-book of Pathology.*
HADFIELD and GARROD : *Recent Advances in Pathology.*
ILLINGWORTH and DICK : *Text-book of Surgical Pathology.*
MACCULLUM : *Text-book of Pathology.* Fifth edition.

PHARMACY AND PHARMACOLOGY.

CLARK : *Applied Pharmacology.* Fourth edition.
HALE-WHITE : *Materia Medica.* Twenty-first edition.
MARTINDALE and WESTCOTT : *Extra Pharmacopæia.* Vol. I. Twentieth edition.
The British Pharmacopæia, 1932.

PHYSIOLOGY.

WRIGHT : *Applied Physiology.* Fourth edition.

RÖNTGEN RAYS.

BERTWISTLE : *A Descriptive Atlas of Radiographs.* Second edition.
HOLMES and RUGGLES : *Röntgen Interpretation.* Fourth edition.
KNOX : *Text-book of X-ray Therapeutics.* (New edition, completed and edited by N. M. Levitt.)
KÖHLER : *Röntgenology.*
REDDING : *X-ray Diagnosis.*
United States Army X-ray Manual. Second edition.

STOMACH.

ABRAHAM : *Diseases and Disorders of the Digestive Organs.*

SURGERY.

BAILEY : *Emergency Surgery.* Two vols.
BAILEY and LOVE : *Short Practice of Surgery.* Two vols.
CHOYCE and BEATTIE : *System of Surgery.* Three vols. Third edition.
ROMANIS and MITCHENER : *Science and Practice of Surgery.* Two vols. Fourth edition.
THOMSON and MILES : *Manual of Surgery.* Three vols. Eighth edition.
WILLIAMS : *Minor Surgery.* Twentieth edition
Collected Papers of the Mayo Clinic and the Mayo Foundation, 1931.

THROAT, NOSE AND EAR.

TURNER : *Diseases of the Nose, Throat and Ear.* Third edition.

THYROID GLAND.

JOLL : *Diseases of the Thyroid Gland.*

TREATMENT.

HUTCHISON : *Index of Treatment by Various Writers.* Tenth edition.
SHORT : *Index of Prognosis and End-results of Treatment by Various Writers.*

EXAMINATIONS, ETC.

University of Oxford.

The following Degrees have been conferred :

D.M.—Elgood, C. L.

B.M.—Nunn, J. A.

University of Cambridge.

The following Degrees have been conferred :

M.D.—Wilson, H. L.

M.B., B.Chir.—Evans, L. P. J.

M.B.—Fordham, M. S. M.

B.Chir.—Gabb, W. H., Graetz, G. H. A., Green, H. F., Masina, M. H., Mercer, R. V. F., Radcliffe, F.

Second Examination for Medical Degrees, Easter Term, 1932.

Part II. Human Anatomy and Physiology.—Debenham, G. R.

Third Examination for Medical Degrees, Easter Term, 1932.

Part I. Surgery, Midwifery and Gynaecology.—Birdsall, S. E., Carr, C. M., Cope, J. W., Gawne, D. W. C., Groves, J. N., Kettlewell, H. B. D., Masina, M. H., Murless, B. C., Pawson, E. B., Shepherd, F. W., Thomas, G. W.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—Boston, F. K., Cope, J. W., Gabb, W. H., Hall-Smith, C. S., Mercer, R. V. F., Radcliffe, F., Scott, J. L. S., Tubbs, O. S.

University of London.

M.D. Examination.

Branch I. Medicine.—Evans, C. N., Gordon, I., Price, R. K.

Branch V. State Medicine.—de Verteuil, E. J.

M.S. Examination.

Branch I. Surgery.—Payne, R. T.

Second Examination for Medical Degrees, July, 1932.

Part I. Organic Chemistry.—Barrett, R. H., Baum, I. H., Ennis, J. E., Hambly, E. H., Johnstone, S. T., McKenzie, J. K., Rogers, K. G., Roy, A. N., Royston, G. R., Smyth, E. H. J., Stephens, A., Underwood, J. E., Williams, A. M., Woddis, G. M.

Part II. (For Internal Students).—Baynes, T. L. S., Braithwaite, R. F., Brown, K. P., Clements, P. E. G., Dalley, G., Dancer, J. B., Davies, H. H., Ellis, G. H., Ershadi, S. S., Evans, D. M., Harvey, M. W., Jones, S. Avery, Mason, J. I. C., Moynagh, D. W., Nairac, M. L., Prothero, D. A., Stewart, J. M., Taylor, G. R., Yates, F. H.

Part II. (For External Students).—Evans, E. H., Waldin, G. G.

Royal College of Physicians.

The following have been admitted **Members** :

Berhman, S., Fordham, M. S. M., Nicol, W. D., Renbom, E. T.

Royal College of Surgeons.

The Diploma of **Fellow** has been conferred on the following :

d'Abreu, F. A., Duke, C. L. S., Glynn, P. E., Keene, R., Kelkar, G. S., Lavery, M. B., Lee, M., McIndoe, A. H., North, J. H., Phadke, G. M., Phillips, R. F., Richardson, A. H., Robertson, J. S. M., Siddiqi, M. A. H., Sinclair, C. G., Sophian, G. J., Tandy, W. H., Thompson, V. C.

The following were successful at the Examination for the **Primary Fellowship** :

Bohn, G. L., du Toit, G. C. T., Nash, D. F. E.

Royal Colleges of Physicians and Surgeons.

The following Diploma has been conferred :

D.P.M.—Hardwick, S. W., Roberts, J. H. O.

CHANGES OF ADDRESS.

BAXTER, W. S., 61, Whitton Gardens, Greenford, Middlesex.

BRADSHAW, G. H., Cade House, Riverhead, Sevenoaks, Kent.

DIETRICH, G., "Harlequin," Eighth Avenue, Northmead, Benoni, S. Africa.

DUNSCOMBE, C., Health Department, 20A, Stour Street, Canterbury.

FAIRBANK, J. G. A., 5, York Gate, Regent's Park, N.W. 1. (Tel. Welbeck 3466.)

HUTCHINSON, H. P., The Hollies, Haywards Heath. (Tel. 88.)

LONG, W. C., Greystones, Crescent Road, Tunbridge Wells. (Tel. 712.)

RICE, R. A. C., 47, Thorpe Road, Norwich.

SHORE, L. R., 22, Barrow Road, Cambridge. (Tel. 3042.)

TAYLOR, H., 32, Avenue Road, Highgate, N. 6. (Tel. Mountview 5427.)

WARD, R. OGIER, 32, Queen Anne Street, W. 1. (Tel. Langham 1351.)

BIRTH.

FRASER.—On October 18th, 1932, at Lima House, Reading, to Marcia (*née* Winchester), wife of Dr. H. D. Forbes Fraser—a daughter.

MARRIAGES.

ATKINSON—HAY.—On October 22nd, 1932, in London, Eric Miles Atkinson to Winifred Stepney (Peggie) Hay.

PHILLIPS—REEVES.—On October 22nd, 1932, at the Priory Church of St. Bartholomew-the-Great, London, by the Rev. Canon E. S. Savage, M.A., Rector, Ralph Francis, younger son of the late Lorraine Phillips and Mrs. Phillips, of St. Albans, to Barbara Alison, youngest daughter of Mr. and Mrs. Herbert K. Reeves, of Leatherhead.

WOODD WALKER—TROILI.—On October 19th, 1932, at Råda, Sweden, Geoffrey Basil Woodd Walker, M.B., F.R.C.S., of 6, Dawson Place, W. 2, to Ulla Troili, of Uddeholm, Sweden.

DEATHS.

BULCOCK.—On October 16th, 1932, suddenly, at 86, Foxley Lane, Purley, Joseph Henderson Bulcock, M.R.C.S., L.R.C.P.

HALL.—On September 23rd, 1932, Ben Hall, M.B.(Lond.), of West Mersea, near Colchester.

HART.—On October 6th, 1932, suddenly, at Burnham-on-Sea, Col. Alfred Paul Hart, R.A.M.C., aged 75.

SKELDING.—On October 15th, 1932, at Diptford, S. Devon, Lt.-Col. Henry Skelding, T.D., B.A., M.B., B.C., M.R.C.S., aged 73.

TOSSWILL.—On October 3rd, 1932, at Queen Mary's Hospital, Roehampton, Major Leonard Robert Tosswill, O.B.E.(Mil.), M.R.C.S., L.R.C.P., D.P.H., of Mistletoe Farm, Cuckoo Hill, Eastcote, aged 52.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, Mr. G. J. WILLANS, M.B.E., B.A., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone : National 4444.